

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2						
3						
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36	1					
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39						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
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96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

FILING DATE	
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APPLICANT(S)

CLAIMS

CLAIMS					
AS FILED		AFTER IN ALLOCATION		AFTER IN ALLOCATION	
NO.	DEF.	NO.	DEF.	NO.	DEF.
01					
02					
03					
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44					
45					
46					
47					
48					
49					
50					
TOTAL	4				
TOTAL	128				
TOTAL	17				